

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County:		1/4 1/4 1/4 1/4				T S		R <input type="checkbox"/> E <input type="checkbox"/> W	
2 WELL OWNER: Last Name:		First:		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/>					
Business:									
Address:									
Address:									
City:		State:		ZIP:					
3 LOCATE WELL WITH "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: ft.				5 Latitude:(decimal degrees)			
		Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ft. after hours pumping gpm Well water was ft. after hours pumping gpm Estimated Yield:gpm Bore Hole Diameter: in. to ft. and in. to ft.				Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:			
						6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other			
7 WELL WATER TO BE USED AS:									
1. Domestic:		5. <input type="checkbox"/> Public Water Supply: well ID		10. <input type="checkbox"/> Oil Field Water Supply: lease					
<input type="checkbox"/> Household		6. <input type="checkbox"/> Dewatering: how many wells?		11. Test Hole: well ID					
<input type="checkbox"/> Lawn & Garden		7. <input type="checkbox"/> Aquifer Recharge: well ID		<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical					
<input type="checkbox"/> Livestock		8. <input type="checkbox"/> Monitoring: well ID		12. Geothermal: how many bores?					
2. <input type="checkbox"/> Irrigation		9. Environmental Remediation: well ID		a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical					
3. <input type="checkbox"/> Feedlot		<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction		b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water					
4. <input type="checkbox"/> Industrial		<input type="checkbox"/> Recovery <input type="checkbox"/> Injection		13. <input type="checkbox"/> Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted:									
Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No									
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded									
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.									
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
<input type="checkbox"/> Steel		<input type="checkbox"/> Stainless Steel		<input type="checkbox"/> PVC		<input type="checkbox"/> Other (Specify)			
<input type="checkbox"/> Brass		<input type="checkbox"/> Galvanized Steel		<input type="checkbox"/> None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:									
<input type="checkbox"/> Continuous Slot		<input type="checkbox"/> Mill Slot		<input type="checkbox"/> Gauze Wrapped		<input type="checkbox"/> Torch Cut		<input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Louvered Shutter		<input type="checkbox"/> Key Punched		<input type="checkbox"/> Wire Wrapped		<input type="checkbox"/> Saw Cut		<input type="checkbox"/> None (Open Hole)	
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.									
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other									
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.									
Nearest source of possible contamination: No potential source of contamination within 200 ft.									
<input type="checkbox"/> Septic Tank		<input type="checkbox"/> Lateral Lines		<input type="checkbox"/> Pit Privy		<input type="checkbox"/> Livestock Pens		<input type="checkbox"/> Insecticide Storage	
<input type="checkbox"/> Sewer Lines		<input type="checkbox"/> Cess Pool		<input type="checkbox"/> Sewage Lagoon		<input type="checkbox"/> Fuel Storage		<input type="checkbox"/> Abandoned Water Well	
<input type="checkbox"/> Watertight Sewer Lines		<input type="checkbox"/> Seepage Pit		<input type="checkbox"/> Feedyard		<input type="checkbox"/> Fertilizer Storage		<input type="checkbox"/> Oil Well/Gas Well	
<input type="checkbox"/> Other (Specify)									
Direction from well? Distance from well? ft.									
10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS									
				Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of									
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.									
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									